

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 533483

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/	/				
3	/					
4		/				
5	/	/				
6	/					
7	/	/				
8	/					
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17	/	/				
18		/				
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20	/	/				
21	/	/				
22	/					
23		9				
24		9				
25	9	9				
26	9	9				
27	9	9				
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49						
50						
TOTAL IND.	15					
TOTAL DEP.	104					
TOTAL CLAIMS	119					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						